



DEPARTMENT OF THE TREASURY  
BUREAU OF ALCOHOL, TOBACCO AND FIREARMS

Washington, DC 20226

Rec'd 9/12/02  
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August 30, 2002

Ms. Linda A. Skladany  
Senior Associate Commissioner for External Relations  
Food and Drug Administration  
5600 Fishers Lane (HF-10)  
Rockville, MD 20857

RE: Public Law 107-88, Docket Nos. 02N-0276,  
02N-0277, and 02N-0278

Dear Ms. Skladany,

This letter responds to your request for comments regarding Title III, Subtitle A of the Public Health Security and Bioterrorism Preparedness and Response Act of 2002, Public Law 107-88, (the Act of 2002). The Act is directed at protecting the safety and security of the nation's food and drug supply and requires in relevant part that the Food and Drug Administration (FDA) impose certain registration, recordkeeping, and notice requirements to effect its purpose. The Bureau of Alcohol, Tobacco and Firearms (ATF) regulates the alcohol beverage industry and imposes many of the same requirements upon the industry that are required under the Act of 2002. This letter identifies these requirements and encourages collaboration between our respective agencies to avoid duplication of efforts and undue burden upon the alcohol industry.

**Background**

As background, section 305 of the Act of 2002 (Docket No. 02N-0276) requires the registration of domestic and foreign food facilities. The registration must contain information necessary to notify the Secretary of Health and Human Services (HHS) of the name and address of each facility, trade names under which the

02N-0278

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address of each facility, trade names under which the facility conducts business and, when the Secretary of HHS deems necessary, the general food category.

Section 306 of the Act of 2002 (Docket No. 02N-0277) requires the promulgation of regulations to establish requirements for the establishment and maintenance of records needed to determine the immediate previous sources and the immediate subsequent recipients of food, which records would be kept for no more than two years. This section would authorize the Secretary of HHS to have access to these records when there is a reasonable belief that an article of food is adulterated and presents a threat of serious adverse health consequences or death to humans or animals.

Finally, section 307 of the Act of 2002 (Docket No. 02N-0278) requires that the owner, importer, or consignee provide prior notice of imported food shipments. The notice must identify the article, the manufacturer and shipper, the grower (if known within the time within which notice is required under regulations), the country of origin, the country from which the article is shipped, and the anticipated port of entry. Providing this notice is a condition of the article's admission into the United States.

### **ATF-Enforced Statutory Requirements**

#### **Registration of the Industry Member**

The Federal Alcohol Administration Act (FAA Act), 27 U.S.C. 203, and implementing regulations in title 27 C.F.R., imposes many of the same requirements as those imposed under the Act of 2002. Specifically, like the registration requirements in the Act of 2002, the FAA Act and implementing regulations provide that it shall be unlawful, except pursuant to a basic permit issued by the Secretary of the Treasury, to engage in the business of importing, wholesaling, producing, blending, or rectifying alcohol beverages. The FAA Act and implementing regulations identify the limited class of persons entitled to a basic permit and condition the permit upon compliance with all Federal laws relating to alcohol. 27 U.S.C. 204. This requirement is intended to protect the integrity of

the industry by ensuring that only those persons who are likely to comply with the law enter the industry.

The basic permit approval process entails a multi-layered investigation of the permit applicant, involving verification of citizenship or business visas issued by the Immigration and Naturalization Service, review of the applicant's business structure to discover any hidden ownership, and investigation of investors and owners through multiple criminal databases to discover criminal histories and/or affiliations.

In addition to ensuring the integrity of the regulated industry, the permit requirement, along with labeling requirements identifying the bottler or importer, and other required records under the Internal Revenue Code of 1986 (IRC)<sup>1</sup> (discussed below), facilitates the tracing of product to the responsible party (permittee) in cases of a problem with the product. See, e.g., 27 C.F.R. 1.20-1.22, 4.35a, and 24.300, et seq.<sup>2</sup> In the case of imported products, while the foreign producer is not registered with ATF, the importer is routinely required to produce letters from the foreign supplier about the product as part of the application process.

We would also point out that State liquor control boards also require that persons engaged in the alcohol beverage business obtain a State license, and impose similar application standards, for engaging in business in this industry. An FDA registration requirement for domestic and foreign facilities producing alcohol beverages would appear to be

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<sup>1</sup>The IRC and implementing regulations require that persons wishing to establish operations as a distilled spirits plant (DSP), bonded winery (BW), or brewer must also qualify to engage in such operations. See, e.g. 27 C.F.R. Part 19 (DSP), Subpart G; 27 C.F.R. Part 24, Subpart D (BW); and 27 C.F.R. Part 25, Subpart G (Brewery). The regulations establish a rigorous application process, to allow ATF to evaluate the applicant's likelihood to comply with the law.

<sup>2</sup>While the legal citations in this letter refer to wine, a similar regulatory scheme applies to both distilled spirits and malt beverages/beer as well (except that no permit is required for brewers of malt beverages).

duplicative of existing registration requirements and unnecessary.

### Recordkeeping

The recordkeeping requirements required under section 306 of the Act of 2002 are similar in nature and purpose to the recordkeeping requirements under the IRC, 26 U.S.C. chapter 52. The importer, wholesaler, producer, and blender of alcohol beverages are required to maintain records of production and importation. 27 CFR Part 24, Subpart O (wine); 27 CFR Part 19, Subpart W (distilled spirits); 27 CFR Part 25, Subpart U (beer); 27 CFR Part 251, Subpart I (imported distilled spirits, wine and beer). These record keeping requirements are intended to ensure that the tax due on the product is paid, or that the tax is not reimposed upon the product by virtue of the manner in which it is disposed. Therefore, required records track the product from the point of production or importation to its ultimate disposition. Thus, required records under the IRC already establish the immediate previous sources and the immediate subsequent recipients of the alcohol beverages, as is required by the Act of 2002. A requirement that the same or similar information be maintained under FDA regulations would be duplicative and unnecessary.

### Prior Notice

As indicated above, section 307 of the Act of 2002 requires prior notice describing the article, the manufacturer and shipper; the grower (if known), the country of origin, and the country from which the article is shipped. This information is also required under regulations implementing the FAA Act. While there is no formal "prior notice" requirement under FAA Act regulations, the information collection is essentially the same and serves the same purpose.

In particular, the FAA Act requires that industry members apply for and obtain a certificate of label approval (COLA) covering the bottled product before the product is introduced into interstate or foreign commerce. The COLA, which is intended to ensure that

the product identifies the product in a non-deceptive way, must contain mandatory alcohol beverage label information, which includes the brand name of the product, the class and type designation, the alcohol content, the name and address of the bottler of packer (domestic product or imported bulk product bottled in the United States) or importer, and the country of origin. The COLA forms are valid indefinitely, provided the beverage content, label and importer remain the same.

Significantly, the Act of 2002 does not define "prior notice" and leaves the amount of time required to satisfy "prior notice" to be established by regulation. Since an approved COLA form must be submitted to Customs at the port of entry as a condition of releasing the product (see, e.g., 27 C.F.R. § 4.40), we believe the purpose of the prior notice requirement is fully satisfied. That is, the purpose of the prior notice requirement is to enable the Government to establish the identity and origin of the product prior to the product's importation into the country. The submission of the COLA forms as a condition to importation satisfies this purpose.

#### Other ATF Regulation of the Industry


In addition to the above, ATF conducts periodic testing of alcohol beverages and laboratory analyses, as appropriate, to ensure product integrity and compliance with applicable regulations. Numerous alcohol beverage products will not be issued COLA forms without first performing a product evaluation at the ATF Laboratory. ATF conducts occasional alcohol beverage samplings, both targeted and random, testing the integrity and regulatory compliance of alcohol beverage products on the market. ATF also investigates consumer complaints and, in consultation with the FDA, requests voluntary recalls of the product where a health concern is presented.

After attending the Constituent Roundtable: Interagencies meeting on August 6, 2002, I followed up with a telephone call to Ms. Leslye M. Fraser, (Associate Director for Regulations, Office of Regulations and Policy), to discuss the information

outlined in this memorandum and encourage the exchange of information and open dialogue between FDA and ATF, to avoid duplication of registration and recordkeeping requirements of our industry members. ATF believes that the requirements we currently impose on the alcohol beverage industry meet the requirements of P.L. 107-188. ATF recommends further discussion between our agencies to minimize duplication of efforts and unnecessary redundancy in regulating the alcohol beverage industry.

I hope that this information concerning ATF's mission and regulatory functions assists you in your regulations writing process. Should you require further assistance on this matter, please do not hesitate to contact me. I may be reached at the ATF Domestic and International Trade Division (202) 927-8100.

Sincerely yours,

  
Theresa M. Glasscock  
Chief

Domestic and International Trade Division

Attachments

C: Leslye Fraser

**DEPARTMENT OF THE TREASURY**  
**BUREAU OF ALCOHOL, TOBACCO AND FIREARMS**  
**PERSONNEL QUESTIONNAIRE - ALCOHOL AND TOBACCO PRODUCTS**

DATE

**SUPPLEMENTAL TO APPLICATION FOR PERMIT FILED BY:**

TRADE OR CORPORATE NAME TO BE USED (If any)	BUSINESS ADDRESS OF FIRM (No., street, city, State and ZIP Code)	TELEPHONE NUMBER
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FULL NAME OF APPLICANT (Do no use initials)	NAME USUALLY USED	IF A MARRIED WOMAN, GIVE FULL MAIDEN NAME & DATE OF MARRIAGE
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LEGAL RESIDENCE (No., street, city, State and ZIP Code)	TELEPHONE NUMBER	BUSINESS ADDRESS (No., street, city, State and ZIP Code)	TELEPHONE NUMBER
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<input type="checkbox"/> MALE	HEIGHT	WEIGHT	COLOR OF HAIR	COLOR OF EYES	PLACE OF BIRTH	DATE OF BIRTH	SOCIAL SECURITY NO.
<input type="checkbox"/> FEMALE	FT. IN.	LBS.					

POSITION OR TITLE	DESCRIPTION OF DUTIES OR RELATION TO THE PROPOSED OPERATION
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FATHER'S NAME	MOTHER'S MAIDEN NAME
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If the answer to any of the above questions, 1 through 6 is "YES," give full details under remarks or on a separate sheet, taking care to number the reply to correspond with the question. Convictions, arrests, or charges for minor traffic violations need not be reported.

	YES	NO
1. HAVE YOU EVER BEEN KNOWN BY ANY OTHER NAME (Include nicknames, aliases)?		
2. HAVE YOU EVER BEEN ARRESTED FOR ANY VIOLATION OF ANY FEDERAL OR STATE LAW RELATING TO LIQUOR OR TOBACCO PRODUCTS?		
3. HAVE YOU EVER BEEN ARRESTED FOR VIOLATION OF ANY OTHER FEDERAL OR STATE LAW?		
4. HAVE YOU EVER BEEN CONVICTED OF ANY FELONY OR MISDEMEANOR UNDER FEDERAL OR STATE LAW?		
5. HAVE YOU EVER BEEN COMPROMISED, BY PAYMENT OF PENALTIES OR OTHERWISE, ANY VIOLATION OF ANY FEDERAL LAW RELATING TO INTERNAL REVENUE OR CUSTOMS TAXATION OF DISTILLED SPIRITS, WINES, BEER OR TOBACCO PRODUCTS?		
6. HAS DISAPPROVAL EVER BEEN GIVEN TO ANY APPLICATION OR NOTICE OF INTENTION TO MANUFACTURE, USE, STORE, RECTIFY, BOTTLE, DISTRIBUTE, SELL, IMPORT, OR TRANSPORT ALCOHOL, DENATURED SPIRITS, DISTILLED SPIRITS, BEER, WINES, OR TOBACCO PRODUCTS FILED BY YOU OR ANY FIRM OR CORPORATION OF WHICH YOU WERE PROPRIETOR OR A PARTNER, OFFICER, DIRECTOR, PRINCIPAL STOCKHOLDER, OR RESPONSIBLE EMPLOYEE?		
IF ANSWER IS "YES," STATE NAME UNDER WHICH APPLICATION WAS FILED AND REASONS FOR DISAPPROVAL.		

7. ARE YOU A CITIZEN OF THE UNITED STATES OF AMERICA?		
a. IF NATURALIZED, GIVE DATE AND LOCATION WHERE NATURALIZATION PAPERS WERE ISSUED.		

b. IF NOT A CITIZEN, GIVE CURRENT CITIZENSHIP STATUS.		
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8. HAVE YOU AS AN INDIVIDUAL OR IN CONNECTION WITH A PARTNERSHIP, FIRM OR CORPORATION EVER BEEN CONNECTED WITH A FEDERAL PERMIT OR APPROVED NOTICE TO MANUFACTURE, USE, STORE, RECTIFY, BOTTLE, DISTRIBUTE, SELL, DEAL IN, IMPORT OR TRANSPORT ALCOHOL, DENATURED SPIRITS, DISTILLED SPIRITS, BEER, WINES, OR TOBACCO PRODUCTS?		
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IF THE ANSWER IS "YES," GIVE THE FOLLOWING AS APPLICABLE:

a. PERMIT NUMBER, IF KNOWN	c. NAME AND ADDRESS UNDER WHICH PERMIT WAS ISSUED
b. PERIOD COVERED	
d. IF DISCONTINUED, WHEN & WHY?	e. IF REVOKED, WAS SETTLEMENT MADE OF CIVIL LIABILITIES INCURRED THEREUNDER? IF "YES," WHEN?
	IF NO LIABILITIES, SO STATE.

9. HAVE YOU EVER BEEN OR ARE YOU NOW EMPLOYED BY ANY PERSON, FIRM, OR CORPORATION MANUFACTURING, OR EXPORTING TAX-EXEMPT, TOBACCO PRODUCTS; PRODUCING, STORING, RECTIFYING, BOTTLING, SELLING, IMPORTING, OR DEALING IN DISTILLED SPIRITS, WINES, BEER, ALCOHOL, OR DENATURED SPIRITS; USING OR DISTRIBUTING DENATURED SPIRITS; OR USING (OTHER THAN FOR PERSONAL USE) DISTILLED SPIRITS OR ALCOHOL?		
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IF THE ANSWER IS "YES," GIVE THE FOLLOWING:

a. WHEN EMPLOYED	b. IN WHAT CAPACITY	c. NAME AND ADDRESS OF PERSON, FIRM, OR CORPORATION

**10. EMPLOYMENT FOR PAST 10 YEARS**

PERIOD		POSITION	NAME AND ADDRESS OF EMPLOYER (No., street, city, county, State, ZIP Code) (Include nature, periods, and addresses of self-employment)
FROM	TO		

**11. NAMES AND ADDRESSES (No., street, city, county, State, and ZIP Code) OF FIVE REFERENCES, INCLUDING AT LEAST ONE BANK REFERENCE, AS TO YOUR CHARACTER AND BUSINESS RESPONSIBILITY. (Do not include relatives or employers listed in item 10.)**

NAME	RESIDENCE	BUSINESS NAME AND ADDRESS
BANK REFERENCE:		
		TELEPHONE NUMBER
CHARACTER/BUSINESS REFERENCE		
	TELEPHONE NUMBER	TELEPHONE NUMBER
CHARACTER/BUSINESS REFERENCE		
	TELEPHONE NUMBER	TELEPHONE NUMBER
CHARACTER/BUSINESS REFERENCE		
	TELEPHONE NUMBER	TELEPHONE NUMBER
CHARACTER/BUSINESS REFERENCE		
	TELEPHONE NUMBER	TELEPHONE NUMBER

**12. ARE YOU RATED BY ANY COMMERCIAL CREDIT REPORTING AGENCY?**

☐ YES    ☐ NO IF ANSWER IS "YES" GIVE NAME AND ADDRESS OF AGENCY AND DETAILS OF RATING.

**13 RESIDENCES FOR PAST TEN YEARS (Give street address, city, county, State and ZIP Code)**

PERIOD		ADDRESS
FROM	TO	



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**14. INVESTMENTS**

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- |  |    |
|--|----|
| a. AMOUNT OF YOUR INVESTMENT IN THE BUSINESS TO DATE <i>(If any)</i>   | \$ |
| b. SOURCE OF FUNDS INVESTED <i>(e.g., personal savings, loans, etc.; give name and address of institution in which funds are on deposit or name and address of lender including account number, if applicable)</i> |    |

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**CERTIFICATION**

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Under the penalties of perjury, I declare that this statement, including the documents submitted in support thereof, has been examined by me and, to the best of my knowledge and belief, is true, correct, and complete.

SIGNATURE OF APPLICANT

DATE

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REMARKS *(Continue on reverse or on a separate sheet, if necessary)*

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**PRIVACY ACT STATEMENT**

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The following information is provided pursuant to Section 3 and 7(b) of the Privacy Act of 1974 (5 U.S.C. §552a(e)(3)):

1. **AUTHORITY.** Solicitation of this information is made pursuant to the following statutes: 26 U.S.C. §§5171(b), 5271(b), 5356, 5401(a), 5502(b), 5511(3), 5712, and 27 U.S.C. §204(c). Disclosure of this information by an applicant is mandatory if the applicant wishes to engage in any of the businesses regulated pursuant to the above described statutes.
2. **PURPOSE.** To enable ATF to determine the eligibility, suitability, and/or qualifications of an applicant who proposes to engage in a business regulated by ATF.
3. **ROUTINE USES.** The information will be used by ATF to make the determinations set forth in paragraph 2. In addition, the information may be disclosed to other Federal, State, foreign and local law enforcement and regulatory agency personnel to verify information on the form where such disclosure is not prohibited by law. The information may further be disclosed to the Justice Department if it appears that the furnishing of false information may constitute a violation of Federal law. Finally, the information may be disclosed to members of the public in order to verify the information on the form where such disclosure is not prohibited by law.
4. **EFFECTS OF NOT SUPPLYING INFORMATION REQUESTED.** Failure to provide complete information may not prevent ATF from making an informed judgment regarding the eligibility, suitability and/or qualification of the applicant. This may result in either a delay in the approval of an application or its disapproval.
5. **DISCLOSURE OF SOCIAL SECURITY NUMBER.** Disclosure of the individual social security number is voluntary. Pursuant to the statutes above, ATF is authorized to solicit this information. The number may be used to verify the individual's identity.

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**PAPERWORK REDUCTION ACT NOTICE**

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This request is in accordance with the Paperwork Reduction Act of 1995. The information collection is used by ATF to determine if an applicant is eligible to receive an alcohol and tobacco permit. The information is mandatory (26 U.S.C. 5712, 27 U.S.C. 204).

The estimated average burden associated with this collection of information is 2 hours per respondent or recordkeeper, depending on individual circumstances. Comments concerning the accuracy of this burden estimate and suggestions for reducing this burden should be addressed to Reports Management Officer, Document Services Branch, Bureau of Alcohol, Tobacco and Firearms, Washington, DC 20226.

An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.

**DEPARTMENT OF THE TREASURY  
BUREAU OF ALCOHOL, TOBACCO AND FIREARMS  
POWER OF ATTORNEY**

*(Please read instructions on back before completing this form)*

1. PRINCIPAL (Name of Partnership, Corporation, Association, Estate or Individual)	2. BUSINESS IN WHICH ENGAGED
3. ADDRESS (Number, Street, City, State, and ZIP Code)	
4. TAXPAYER IDENTIFICATION NUMBER (Employer Identification Number, Social Security Number)	5. PERMIT NUMBER (If applicable)
6. NAME OF APPOINTED ATTORNEY	
7. ADDRESS (Number, Street, City, State, and ZIP Code)	
8. The above named principal, engaged in the business shown, has appointed the above-named attorney to: <i>(See Instruction 2)</i>	

(a) Execute for him all applications, notices, bonds, tax returns, and other instruments, claims, offers in compromise, letters, writings, and papers, and to act for him in dealing with the Bureau of Alcohol, Tobacco and Firearms in connection with matters relating to the laws and regulations administered by it. The principal authorizes the attorney named above to receive on his behalf any and all notices, papers, and letters from the Bureau of Alcohol, Tobacco and Firearms in connection with all such matters, and grants him full power and authority to do all that is essential in and about the premises, as duty as the principal could do if personally present, with full power of substitution and revocation. The principal hereby ratifies and confirms all that the attorney shall lawfully do or cause to be by virtue of this appointment.

(b)

9. The power is to apply to the following. *(If authority is restricted to a particular factory, plant, premises, etc., give name as: Distilled Spirits Plant, Tobacco Products Factory, Tobacco Export Warehouse, etc., and address and number: or, if a Wholesale Liquor Dealer, give permit number)*

10. SIGNATURE OF APPOINTED ATTORNEY

**EXECUTION *(See Instruction 3)***

11. SIGNATURE IF PRINCIPAL IS INDIVIDUAL <i>(Signature of Principal)</i>	DATE
12. SIGNATURE IF PRINCIPAL IS PARTNERSHIP, ESTATE, CORPORATION, OR ASSOCIATION Under penalties of perjury, I declare that I have the authority to execute this power of attorney on behalf of the principal.	14. SEAL OF CORPORATION OR ASSOCIATION <i>(If there is no seal, attach a certified copy of a resolution duly passed by the board of directors authorizing the execution of the power of attorney and check the box shown below.)</i>
Signature _____ Title _____ Date _____	<input type="checkbox"/> No Seal
Signature _____ Title _____ Date _____	
Signature _____ Title _____ Date _____	
Signature _____ Title _____ Date _____	
13. ATTESTATION BY SECRETARY OF CORPORATION OR ASSOCIATION	

**15. ACKNOWLEDGMENT, WITNESSING, OR DECLARATION (Complete 15A, 15B, or 15C)**

**15A. ACKNOWLEDGMENT**

The above-named person(s) signing as or for the principal(s) appeared before me today and acknowledged this power of attorney as his/her/their voluntary act and deed. The notarial seal must be affixed unless a seal is not required under the laws of the State where the power of attorney is executed.

\_\_\_\_\_  
Signature of Notary or Other Officer

**NOTARIAL SEAL**  
(If required)

\_\_\_\_\_  
Date Title

**15B. WITNESSING**

This power of attorney was signed by or for the principal(s) by a person or persons known to, and in the presence of, the two disinterested witnesses whose signatures appear below:

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Date

**15C. DECLARATION by attorney, certified public accountant or enrolled practitioner who is granted the power of attorney by this form**

I declare that I am aware of the regulations of 31 CFR Part 8, Practice Before the Bureau of Alcohol, Tobacco and Firearms, that I am not currently under suspension or disbarment from practice before the Bureau of Alcohol, Tobacco and Firearms and that I am currently: (Check applicable box)

- ☐ A member in good standing of the bar of the highest court of: \_\_\_\_\_
- ☐ Qualified to practice as a certified public accountant in: \_\_\_\_\_
- ☐ Enrolled to practice before the Bureau of Alcohol, Tobacco and Firearms, Enrollment Number: \_\_\_\_\_

\_\_\_\_\_  
Insert Name of State, Possession, or District of Columbia.

\_\_\_\_\_  
Signature

**RESERVED FOR THE BUREAU OF ALCOHOL, TOBACCO AND FIREARMS**

DATE RECEIVED FOR FILING

DISTRICT

RECEIVED BY (Signature and Title)

DATE RECEIVED FOR FILING

ATF OFFICE

RECEIVED BY (Signature and Title)

**INSTRUCTIONS**

- GENERAL.** This form is filed with each ATF office in which the appointed attorney is to represent the principal.
- ITEM 8.** A full power of attorney is granted by paragraph 8 (a). The power of attorney may be limited or restricted by deleting all of paragraph 8 (a) and listing the specific powers to be conferred in section 8 (b).
- EXECUTION.** This form shall be signed by or on behalf of the principal(s) as follows.
  - INDIVIDUAL** by his or her completion of item 11.
  - PARTNERSHIP** by completion of item 12 by all partners, or one partner who attaches his authorization to act on behalf of all the partners unless this authorization is provided by State law.
  - CORPORATION or ASSOCIATION** by completion of items 12, 13 and 14. If the secretary signs in item 12, another officer, preferably the president, vice-president, or treasurer, must also sign in item 12.
  - ESTATE** by completion of item 12 by the executor or administrator and attaching other such documents as may be required by ATF.
- FILING.** This form shall be completed in duplicate, unless otherwise required, and submitted to the District Director of the district in which the business or establishment is located. The original with any attachments will be retained by the District Director, and all other copies will be returned to the principal. After receipt of these copies from the District Director, submit two copies to any other ATF office in which the appointed attorney will represent the principal. These ATF offices will retain one copy for filing and return the other copy to the principal. If the power of attorney is applicable to more than one establishment of business, additional copies must be submitted for each. The additional copies will be filed in the same manner as when the power of attorney relates to only one establishment or business. Copies reproduced by photographic process need not be certified as copies of the original.
- ORIGINAL OF A RULING.** The Bureau of Alcohol, Tobacco and Firearms will give to an appointed attorney the original of a ruling concerning the principal about ATF matters if a statement is made to that effect in item 8 (b).
- REVOCATION.** A power of attorney remains in effect until revoked by the principal in written notice to each ATF office where the power of attorney was filed.
- RULES.** All persons representing clients before the Bureau of Alcohol, Tobacco and Firearms must comply with the regulations governing representation (26 CFR Part 601 or those regulations as recodified in 27 CFR Part 71) and any other applicable rules and statutes.

**PAPERWORK REDUCTION ACT NOTICE**

This request is in accordance with the Paperwork Reduction Act of 1995. The information collection is used by ATF to ensure that only duly authorized individuals are signing documents. The information is voluntary.

The estimated average burden associated with this collection of information is 30 minutes per respondent or recordkeeper, depending on individual circumstances. Comments concerning the accuracy of this burden estimate and suggestion for reducing this burden should be addressed to Reports Management Officer, Document Services Branch, Bureau of Alcohol, Tobacco and Firearms, Washington, DC 20226

An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.

**ATF F 5000.B (2-95)**

DEPARTMENT OF THE TREASURY  
BUREAU OF ALCOHOL, TOBACCO AND FIREARMS  
**SIGNING AUTHORITY FOR CORPORATE OFFICIALS**

## INSTRUCTIONS

Prepare and submit to the Chief, Technical Services, Bureau of Alcohol, Tobacco and Firearms, in duplicate. Each copy must be signed in ink by a corporate official and be embossed with the corporate seal. This form may be used to list the corporate officials, or employees *(if any)*, who are authorized by the articles of incorporation, the bylaws, or the board of directors in adopted resolutions or motions, to act on behalf of the corporation or to sign its name. If the authorization to sign is granted by position title, rather than to specific individuals by name, a new authorization will not be needed each time a change of incumbent occurs. WHERE THE AUTHORIZATION IS NOT GRANTED BY THE ARTICLES OF INCORPORATION, THE BYLAWS, OR ACTION BY THE BOARD OF DIRECTORS, ATF F 5000.8, POWER OF ATTORNEY, MUST BE SUBMITTED.

## PAPERWORK REDUCTION ACT NOTICE

This request is in accordance with Paperwork Reduction Act of 1995. This information collection is used by ATF to ensure that only duly authorized individuals are signing documents. This information is voluntary.

The estimated average burden associated with this collection of information is .25 hours per respondent or recordkeeper depending on individual circumstances. Comments concerning the accuracy of this burden estimate and suggestions for reducing this burden estimate and suggestions for reducing this burden should be addressed to Reports Management Officer, Document Services Branch, Bureau of Alcohol, Tobacco and Firearms, Washington, DC 20226.

An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.

NAME AND COMPLETE ADDRESS OF CORPORATION	COMPLETE APPLICABLE INFORMATION
	<input type="checkbox"/> NEW APPLICANT <input type="checkbox"/> PERMIT HOLDER
	PERMIT NO.
BOARD MEETING <input type="checkbox"/> DIRECTORS <input type="checkbox"/> TRUSTEES <input type="checkbox"/> MANAGERS <input type="checkbox"/> GOVERNORS	DATE MEETING HELD

THE FOLLOWING CORPORATE OFFICIALS, EMPLOYEES, OR INCUMBENTS OF THE OFFICES LISTED ARE AUTHORIZED TO SIGN, OR TO APPOINT PERSONS AUTHORIZED TO SIGN, DOCUMENTS (*Specify type of documents*) SUBMITTED ON THE CORPORATION'S BEHALF TO THE BUREAU OF ALCOHOL, TOBACCO AND FIREARMS.

I certify that this is true and complete and that the above authorization was granted at the cited meeting of the board.		CORPORATE SEAL
SIGNATURE		
TITLE	DATE	

13 PERSONS INVOLVED OR WHO HAVE FINANCIAL INTEREST IN APPLICANT'S BUSINESS. (Read instruction 8)

a. FULL GIVEN NAME (No initials)		b. OTHER NAMES USED (Include maiden and married)	
c. SOCIAL SECURITY NUMBER	d. BIRTH DATE (Month, day, year)	e. PLACE OF BIRTH (City/town, State or foreign country)	
f. EMPLOYER IDENTIFICATION NUMBER (If business)	g. ARE YOU A U.S. CITIZEN? <input type="checkbox"/> YES <input type="checkbox"/> NO		h. NUMBER AND TYPE OF SHARES HELD (If person holds more than 10 percent)
i. RELATIONSHIP WITH APPLICANT'S BUSINESS	j. INVESTMENT IN APPLICANT'S PERMIT BUSINESS (If more than 10 percent of capital)		
k. RESIDENCE OR PRINCIPAL PLACES OF BUSINESS DURING THE PAST 5 YEARS (Include both if individual operated any business at a location other than residence.)	(1) CURRENT \$		(3) SOURCE(S). Identify the person's name and address from whom the investment comes and specify why the investment is available (examples: savings, loan, gift.)
	(2) ANTICIPATED \$		

a. FULL GIVEN NAME (No initials)		b. OTHER NAMES USED (Include maiden and married)	
c. SOCIAL SECURITY NUMBER	d. BIRTH DATE (Month, day, year)	e. PLACE OF BIRTH (City/town, State or foreign country)	
f. EMPLOYER IDENTIFICATION NUMBER (If business)	g. ARE YOU A U.S. CITIZEN? <input type="checkbox"/> YES <input type="checkbox"/> NO		h. NUMBER AND TYPE OF SHARES HELD (If person holds more than 10 percent)
i. RELATIONSHIP WITH APPLICANT'S BUSINESS	j. INVESTMENT IN APPLICANT'S PERMIT BUSINESS (If more than 10 percent of capital)		
k. RESIDENCE OR PRINCIPAL PLACES OF BUSINESS DURING THE PAST 5 YEARS (Include both if individual operated any business at a location other than residence.)	(1) CURRENT \$		(3) SOURCE(S). Identify the person's name and address from whom the investment comes and specify why the investment is available (examples: savings, loan, gift.)
	(2) ANTICIPATED \$		

a. FULL GIVEN NAME (No initials)			
c. SOCIAL SECURITY NUMBER	d. BIRTH DATE (Month, day, year)	e. PLACE OF BIRTH (City/town, State or foreign country)	
f. EMPLOYER IDENTIFICATION NUMBER (If business)	g. ARE YOU A U.S. CITIZEN? <input type="checkbox"/> YES <input type="checkbox"/> NO		h. NUMBER AND TYPE OF SHARES HELD (If person holds more than 10 percent)
i. RELATIONSHIP WITH APPLICANT'S BUSINESS	j. INVESTMENT IN APPLICANT'S PERMIT BUSINESS (If more than 10 percent of capital)		
k. RESIDENCE OR PRINCIPAL PLACES OF BUSINESS DURING THE PAST 5 YEARS (Include both if individual operated any business at a location other than residence.)	(1) CURRENT \$		(3) SOURCE(S). Identify the person's name and address from whom the investment comes and specify why the investment is available (examples: savings, loan, gift.)
	(2) ANTICIPATED \$		

14. ADDITIONAL INFORMATION. ATF may require additional evidence necessary to verify this application

**DEPARTMENT OF THE TREASURY**  
**BUREAU OF ALCOHOL, TOBACCO AND FIREARMS**  
**AUTHORIZATION TO FURNISH FINANCIAL INFORMATION**  
**AND**  
**CERTIFICATE OF COMPLIANCE**  
(Right to Financial Privacy Act of 1978)

**SECTION A: CUSTOMER AUTHORIZATION (12 U.S.C. 3404) TO BE COMPLETED BY CUSTOMER**

I, \_\_\_\_\_ having read the explanation of my rights on the reverse of this form, hereby authorize the following financial institution to disclose the financial records specified below and any and all information pertaining to those financial records to the Bureau of Alcohol, Tobacco and Firearms.

NAME OF FINANCIAL INSTITUTION AND PERSON TO CONTACT (IF KNOWN)

STREET ADDRESS

CITY, STATE AND ZIP CODE

CHECKING ACCOUNT NUMBER AND NAME ON ACCOUNT

SAVINGS ACCOUNT NUMBER AND NAME ON ACCOUNT

LOAN NUMBER AND NAME(S) APPEARING ON LOAN

OTHER (SPECIFY)

PURPOSE FOR WHICH DISCLOSURE IS NECESSARY

I understand that this authorization may be revoked by me in writing at any time before my records, as described above, are disclosed and that this authorization is valid for no more than three (3) months from the date of signature.

SIGNATURE OF CUSTOMER

DATE

ADDRESS OF CUSTOMER

**SECTION B: CERTIFICATE OF COMPLIANCE BY ATF OFFICER (12 U.S.C. 3403(b))**

NAME OF FINANCIAL INSTITUTION OFFICIAL AND TITLE

DATE OF REQUEST

I hereby certify that the applicable provisions of the Right to Financial Privacy Act of 1978, 12 USC 3401-3422, have been complied with and the good faith reliance upon this certificate relieves your institution and its employees and agents of any possible liability to the customer in connection with the disclosure of these financial records.

SIGNATURE OF ATF OFFICER

ADDRESS

NAME AND TITLE OF ATF OFFICER

TELEPHONE NUMBER (Including Area Code)

## INSTRUCTIONS

If you have any questions about your rights under this law or about how to consent to the release of your financial records, you may contact your nearest ATF office.

1. Section A should be completed by the customer in triplicate and returned to ATF.
2. Section B should be completed by the ATF officer conducting the financial record check.
3. Distribution: a. Original (with Section B completed) to the financial institution  
b. Second copy (with Section B completed) filed with the report of inspection  
c. Third copy (without Section B completed) to the customer

## STATEMENT OF CUSTOMER RIGHTS UNDER THE RIGHT TO FINANCIAL PRIVACY ACT OF 1978

Federal law protects the privacy of your financial records. Before banks, savings and loan associations, credit unions, credit card issuers or other financial institutions may give financial information about you to a Federal agency, certain procedures must be followed.

### CONSENT TO FINANCIAL RECORDS

You may be asked to consent to make your financial records available to the Government. You may withhold your consent, and your consent is not required as a condition of doing business with any financial institution. If you give your consent, it can be revoked in writing at any time before your records are disclosed. Furthermore, any consent you give is effective for only three months, and your financial institution must keep a record of the instances in which it discloses your financial information.

### WITHOUT YOUR CONSENT

Without your consent, a Federal agency that wants to see your financial records may do so ordinarily only by means of a lawful subpoena, summons, formal written request, or search warrant for that purpose.

Generally, the Federal agency must give you advance notice of its request for your records explaining why the information is being sought and telling you how to object in court. The Federal agency must also send you copies of court documents to be prepared by you with instructions for filling them out. While these procedures will be kept as simple as possible, you may want to consult with an attorney before making a challenge to a Federal agency's request.

### EXCEPTIONS

In some circumstances, a Federal agency may obtain financial information about you without advance notice or your consent. In most of these cases, the Federal agency will be required to go to court to get permission to obtain your records without giving you notice beforehand. In these instances, the court will make the Government show that its investigation and request for your records are proper.

When the reason for the delay of notice no longer exists, you will usually be notified that your records were obtained.

Generally, the Internal Revenue Service will continue to get records pursuant to its existing procedures authorized by the Internal Revenue Code rather than under the Right to Financial Privacy Act.

### TRANSFER OF INFORMATION

Generally, a Federal agency which obtains your financial records is prohibited from transferring them to another Federal agency unless it certifies in writing that the transfer is proper and sends a notice to you that your records have been sent to another agency.

### PENALTIES

If a Federal agency or financial institution violates the Right to Financial Privacy Act, you may sue for damages or to seek compliance with the law. If you win, you may be repaid your attorney's fees and costs.

## PAPERWORK REDUCTION ACT NOTICE

This request is in accordance with the Paperwork Reduction Act of 1980. This information collection issued by ATF to determine if the applicant is eligible to receive an alcohol or tobacco permit. The information is required to obtain a benefit.

**DEPARTMENT OF THE TREASURY  
BUREAU OF ALCOHOL, TOBACCO AND FIREARMS  
SPECIAL TAX REGISTRATION AND RETURN  
ALCOHOL AND TOBACCO**

(Please Read Instructions on Back Carefully Before Completing This Form)

**SECTION I - TAXPAYER IDENTIFYING INFORMATION**

1.E EMPLOYER IDENTIFICATION NUMBER (Required see instructions)	2. BUSINESS TELEPHONE NUMBER ( )	<b>FOR ATF USE ONLY</b>
3.N NAME (Last, First, Middle) or CORPORATE NAME (If Corporation)		T
4.T TRADE NAME		FF
5.M MAILING ADDRESS (Street address or P.O. box number)		FP
6.C CITY STATE ZIP CODE		I
7.P PHYSICAL ADDRESS OF PRINCIPAL PLACE OF BUSINESS (Show street address)		T
8.C CITY STATE ZIP CODE		9. TAX PERIOD COVERING FROM: (mm/dd/yy) TO: June 30, (yy)

**SECTION II - TAX COMPUTATION**

TAX CLASS DESCRIPTION (FOR ITEMS MARKED*, SEE INSTRUCTIONS)		MONTHLY	ANNUAL	LOCATIONS	TAX DUE	CODE
(a)		(b)	(c)	(d)	(e)	(f)
RETAIL DEALER	Liquors (Distilled spirits, wine or beer)	\$20.83 1/2	\$250			11
	Beer only	\$20.83 1/2	250			12
	Liquors (Distilled Spirits, Wine or Beer) - at large	\$20.83 1/2	250			15
	Beer only - at large	\$20.83 1/2	250			16
WHOLESALE DEALER	Distilled spirits, wine or beer	\$41.66 2/3	500			31
	Beer only	\$41.66 2/3	500			32
	Regular rate	\$83.33 1/2	1000			41
BREWER	REDUCED rate*	\$41.66 2/3	500			43*
NONBEVERAGE DRAWBACK CLAIMANT			500			51
INDUSTRIAL ALCOHOL	User of specially denatured alcohol	\$20.83 1/2	250			55
	Dealer in specially denatured alcohol	\$20.83 1/2	250			56
	User of tax-free alcohol	\$20.83 1/2	250			57
ALCOHOL PRODUCERS	Proprietor of alcohol fuel plant	\$83.33 1/2	1000			58
	Proprietor of alcohol fuel plant - REDUCED*	\$41.66 2/3	500			59*
	Proprietor of distilled spirits plant	\$83.33 1/2	1000			81
	Proprietor of distilled spirits plant - REDUCED*	\$41.66 2/3	500			86*
	Proprietor of bonded wine cellar	\$83.33 1/2	1000			82
	Proprietor of bonded wine cellar - REDUCED*	\$41.66 2/3	500			87*
	Proprietor of bonded wine warehouse	\$83.33 1/2	1000			83
	Proprietor of bonded wine warehouse - REDUCED*	\$41.66 2/3	500			88*
	Proprietor of taxpaid wine bottling house	\$83.33 1/2	1000			84
	Proprietor of taxpaid wine bottling house - REDUCED*	\$41.66 2/3	500			89*
	Proprietor of export warehouse	\$83.33 1/2	1000			93
	Proprietor of export warehouse - REDUCED*	\$41.66 2/3	500			97*
TOBACCO PRODUCTS	Manufacturer of tobacco products	\$83.33 1/2	1000			91
	Manufacturer of tobacco products - REDUCED*	\$41.66 2/3	500			95*
	Manufacturer of cigarette papers and tubes	\$83.33 1/2	1000			92
	Manufacturer of cigarette papers and tubes - REDUCED*	\$41.66 2/3	500			96*
	Proprietor of export warehouse	\$83.33 1/2	1000			93

MAKE CHECK OR MONEY ORDER PAYABLE TO "BUREAU OF ALCOHOL, TOBACCO AND FIREARMS", WRITE YOUR EMPLOYER IDENTIFICATION NUMBER ON THE CHECK AND SEND IT WITH THE RETURN TO BUREAU OF ATF, P.O. BOX 371962, PITTSBURGH, PA 15250-7962. TOTAL TAX DUE \$ 0.00

Under penalties of perjury, I declare that the statements in this return/registration are true and correct to the best of my knowledge and belief; that this return/registration applies only to the specified business and location or, where the return/registration is for more than one location, it applies only to the businesses at the locations specified on the attached list. Note: Violation of Title 26, United States Code 7206, is punishable upon conviction by a fine of not more than \$100,000 (\$500,000 in the case of a corporation) or imprisonment for not more than 3 years, or both, with the costs of prosecution added thereto.

SIGNATURE	TITLE	DATE
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ATF F 5630.5 (10-99) PREVIOUS EDITIONS ARE OBSOLETE



**SECTION III - BUSINESS REGISTRATION**

**10. OWNERSHIP INFORMATION:**

(Check One Box Only)

☐

INDIVIDUAL OWNER

☐

PARTNERSHIP

☐

CORPORATION

☐

OTHER (Specify) \_\_\_\_\_

**11. OWNERSHIP RESPONSIBILITY:** (Read instruction sheet; use a separate sheet of paper if additional space is needed.)

FULL NAME	ADDRESS	POSITION
FULL NAME	ADDRESS	POSITION
FULL NAME	ADDRESS	POSITION
FULL NAME	ADDRESS	POSITION
FULL NAME	ADDRESS	POSITION

12. ☐ GROSS RECEIPTS less than \$500,000 (See instructions for reduced rate taxpayers on the attached instruction sheet)

13. <input type="checkbox"/> NEW BUSINESS (NOTE: RETAILERS AND WHOLESALERS SHOW DATE ALCOHOLIC BEVERAGE SALES BEGAN; PRODUCERS, MANUFACTURERS AND USERS SHOW DATE BUSINESS COMMENCED)	DATE OF CHANGE (mm, dd, yy)
---	-----------------------------

14. ☐ EXISTING BUSINESS WITH CHANGE IN:

<input type="checkbox"/> (a) NAME/TRADE NAME (Indicate)	DATE OF CHANGE (mm, dd, yy)
<input type="checkbox"/> (b) ADDRESS (Indicate)	DATE OF CHANGE (mm, dd, yy)
<input type="checkbox"/> (c) OWNERSHIP (Indicate)	DATE OF CHANGE (mm, dd, yy)
<input type="checkbox"/> (d) EMPLOYER IDENTIFICATION NUMBER (OLD: _____ NEW: _____)	DATE OF CHANGE (mm, dd, yy)
<input type="checkbox"/> (e) BUSINESS TELEPHONE NUMBER ( _____ )	
15. <input type="checkbox"/> DISCONTINUED BUSINESS	DATE BUSINESS DISCONTINUED (mm, dd, yy)

**PAPERWORK REDUCTION ACT NOTICE**

This information is used to ensure compliance by taxpayers of P.L. 100-647, Technical Corrections Act of 1988, and the Internal Revenue Laws of the United States. ATF uses the information to determine and collect the right amount of tax.

The estimated average burden associated with this collection of information is .8 hours per respondent or recordkeeper, depending on individual circumstances. Comments concerning the accuracy of this burden estimate and suggestions for reducing this burden should be addressed to Reports Management Officer, Document Services Branch, Bureau of Alcohol, Tobacco and Firearms, Washington, D.C. 20226.

An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.

**(SEE ATTACHED INSTRUCTION SHEET)**

ATF F 5630.5 (10-99)

**INSTRUCTION SHEET**  
**ATF FORM 5630.5, SPECIAL TAX REGISTRATION AND RETURN**  
**ALCOHOL AND TOBACCO**

**GENERAL INSTRUCTIONS**

If you are engaged in one or more of the alcohol or tobacco activities listed on this form, you are required to file this form and pay special occupational tax before beginning business. If you are engaged in NFA firearms related activities do not file this form. You must file ATF F 5630.7. You may file one return to cover several locations or several types of activity. However, you must submit a separate return for each tax period. The special occupational tax period runs from July 1 through June 30 and payment is due annually by July 1 (*except in the case of nonbeverage drawback claimants who must pay special tax before filing claims*). If you do not pay on a timely basis, interest will be charged and penalties may be incurred.

If you engage in a taxable activity at more than one location, attach to your return a sheet showing your name, trade name, address and employer identification number and the complete street addresses of all additional locations.

As evidence of tax payment, you will be issued a Special Tax Stamp, ATF F 5630.6A, for each location and/or business.

The special tax rates listed on this form became effective January 1, 1988. If you were engaged in an alcohol or tobacco related activity prior to this date and did not pay special occupational tax, please contact the ATF National Revenue Center for assistance.

**SECTION I - TAXPAYER IDENTIFYING INFORMATION**

Complete Section I, Taxpayer Identifying Information, as specified on the form. Enter the tax period covered by the return in the space provided. Your return must contain a valid EMPLOYER IDENTIFICATION NUMBER (EIN). The EIN is a unique number for business entities issued by the Internal Revenue Service (IRS). **You must have an EIN whether you are an individual ownership, partnership, corporation, or agency of the government.** If you do not have an EIN, contact your local IRS office immediately to obtain one. While ATF may assign a temporary identification number (*beginning with XX*) to allow initial processing of a return which lacks an EIN, **a tax stamp will not be issued until you have submitted a valid EIN.** Do not delay submission of your return and payment past the due date pending receipt of your EIN. If you have not received a number by the time you file this return, write "number applied for" in the space for the number. Submit your EIN by separate correspondence after receipt from the IRS.

**SECTION II - TAX COMPUTATION**

To complete Section II, enter the number of locations in Col. (d) on the appropriate line(s) and multiply by the tax rate, Col. (c). Insert the tax due in Col. (e). If you begin operations (*except for nonbeverage drawback operations*) after the month of July, then you are responsible for paying a prorated amount for the portions of the year you are in business. To compute your taxes, multiply the monthly rate, Col. (b), by the number of months, treating parts of months as whole months, from the date you commenced operations through June 30. (*For example, if you commenced operations on March 14, you would multiply by 4.*) Compute the taxes due for each class and enter the total amount due in the block "Total Tax Due".

**INSTRUCTIONS FOR REDUCED RATE TAXPAYERS**

The reduced rates for certain taxpayer classes, indicated with an asterisk (\*) in Section II, apply only to those taxpayers whose total gross receipts for your most recent income tax year are less than \$500,000 (*not just receipts relating to the activity subject to special occupational tax*). However, if you are a member of a controlled group as defined in section 5061(e)(3) of the Internal Revenue Code, you are not eligible for this reduced rate unless the total gross receipts for the entire group are less than \$500,000. If your business is beginning an activity subject to special tax for the first time, you may qualify for a reduced rate in your initial tax year if your gross receipts for the business (*or the entire control group, if a member of a control group*) were under \$500,000 the previous year. If you are eligible for the reduced rate, check item 12 in Section III and compute your tax using the reduced rate in Section II.

**SECTION III - BUSINESS REGISTRATION**

Please complete the ownership information in Section III. Supply the information specified in Item 11 for each individual owner, partner or responsible person. For a corporation, partnership or association, a responsible person is anyone with the power to control the management policies or buying or selling practices pertaining to alcohol or tobacco. For a corporation, association or similar organization, it also means any person owning 10 percent or more of the outstanding stock in the business.

**CHANGES IN OPERATIONS**

If there is a change of address or location, ATF F 5630.5 must be completed and submitted within 30 days of the change (*90 days for nonbeverage drawback claimants*). Return your Special Tax Stamp, ATF F 5630.6A, along with the completed ATF F 5630.5 to: Bureau of ATF, 8002 Federal Office Building, 550 Main Street, Cincinnati, OH 45202-3263 and an amended ATF F 5630.6A will be issued. All taxpayers except retail dealers must also contact the ATF National Revenue Center in order to amend their license or permit or to obtain a new one.

If special taxpayers do not register these changes within the appropriate time frames, additional tax and interest will be charged and penalties may be incurred. For a change in ownership or control of an activity, consult the ATF National Revenue Center before beginning the activity.

**DEFINITION**

A RETAIL DEALER (*tax class codes 11, 12, 15, or 16*) is anyone who sells or offers for sale, alcoholic beverages to any person other than a dealer. Examples of retailers are package stores, restaurants, bars, private clubs, fraternal organizations, grocery stores or supermarkets which sell such beverages.

A RETAIL DEALER AT LARGE is one who moves his activity from place to place in different States, such as a circus or carnival.

A WHOLESALE DEALER (*tax class codes 31 or 32*) is anyone who sells or offers for sale, alcoholic beverages to another dealer. An IMPORTER is liable for tax as a wholesaler if he or she sells alcoholic beverage to other dealers (*wholesalers or retailers*).

**SIGNING RETURN**

This form must be signed by the individual owner, a partner, or, in the case of a corporation, an individual authorized to sign for the corporation.

**MAILING INSTRUCTIONS**

Please sign and date the return, make check or money order payable to BUREAU OF ALCOHOL, TOBACCO AND FIREARMS, for the amount in the Total Tax Due block, and MAIL THE FORM ALONG WITH THE PAYMENT TO BUREAU OF ATF, P.O. Box 371962, Pittsburgh, PA 15250-7962.

**IF YOU NEED FURTHER ASSISTANCE  
CONTACT ATF NATIONAL REVENUE CENTER**

AT  
1-800-937-8864  
OR  
513-684-2979

**SEE IMPORTANT TAXPAYER REMINDER ON THE BACK OF THIS PAGE**

ATF F 5630.5 (10-99)

### **TAXPAYER REMINDER**

**This is an annual tax due before starting business and by July 1 each year after that. After your initial payment of this tax, you should receive a "renewal" registration and return each year in the mail, prior to the due date. However, if you do not receive a renewal form, you are still liable for the tax and should contact the ATF National Revenue Center noted in the instructions to obtain a Special (Occupational) Tax Registration and Return.**

**Your canceled check may be used as evidence of tax payment until you receive your Special Tax Stamp from ATF.**

**DEPARTMENT OF THE TREASURY**  
**BUREAU OF ALCOHOL, TOBACCO AND FIREARMS**

**APPLICATION FOR BASIC PERMIT UNDER THE FEDERAL ALCOHOL ADMINISTRATION ACT**

1. FULL NAME AND PREMISES ADDRESS  TELEPHONE NUMBER (     ) State in which organized for Corporations and Limited Liability Companies (LLC):	3. EMPLOYER IDENTIFICATION NUMBER (EIN) <i>(Social Security number is not acceptable)</i>  4. OPERATING NAME (DBA), if any
2. MAILING ADDRESS <i>(If different from premises address)</i>	5. LABELING TRADE NAME(S), if any

6. BUSINESS(ES) TO BE CONDUCTED AT PREMISES ADDRESS *(Check applicable boxes)*

- |   |  |
|---|--|
| a. <input type="checkbox"/> DISTILLED SPIRITS PLANT <i>(BEVERAGE)</i><br><input type="checkbox"/> DISTILLING<br><input type="checkbox"/> WAREHOUSING AND BOTTLING DISTILLED SPIRITS<br><input type="checkbox"/> PROCESSING <i>(RECTIFYING)</i> DISTILLED SPIRITS AND WINE<br><br>b. <input type="checkbox"/> BONDED WINE PREMISES<br><input type="checkbox"/> PRODUCING AND BLENDING WINE<br><input type="checkbox"/> BLENDING WINE | c. <input type="checkbox"/> IMPORTING INTO THE UNITED STATES<br><input type="checkbox"/> DISTILLED SPIRITS<br><input type="checkbox"/> WINE<br><input type="checkbox"/> MALT BEVERAGES<br><br>d. <input type="checkbox"/> PURCHASING FOR RESALE AT WHOLESALE<br><input type="checkbox"/> DISTILLED SPIRITS<br><input type="checkbox"/> WINE<br><input type="checkbox"/> MALT BEVERAGES |
|---|--|

or while so engaged, sell, offer, or deliver for sale, contract to sell, or ship in interstate or foreign commerce the alcoholic beverages so distilled produced, rectified, blended or bottled, warehoused and bottled, imported or purchased for resale at wholesale.

7. REASON FOR THE APPLICATION

- |  |  |
|--|--|
| a. <input type="checkbox"/> NEW BUSINESS<br>Anticipated start date _____   | c. <input type="checkbox"/> CHANGE IN OWNERSHIP<br>Date of Change _____<br>Name, address and permit number(s) of predecessor |
| b. <input type="checkbox"/> CHANGE IN CONTROL <i>(Actual or legal)</i><br><input type="checkbox"/> Submit Basic Permit(s) with this application.<br>Date of Change _____ |  |

8. OWNER INFORMATION *(List sole owner, all general parties, LLC members/managers, corporate officers and directors, and shareholders with more than 10% voting stock. Each listed person must also furnish the information in Item 9.)*

NAME	TITLE	% VOTING STOCK INTEREST <i>(If applicable)</i>	INVESTMENT IN BUSINESS <i>(Item 6)</i>	SOURCE OF FUNDS INVESTED <i>(savings, loans, gift or specify other)</i>

IF APPLICANT IS ACTUALLY OR LEGALLY CONTROLLED BY PERSONS OR BUSINESSES NOT IDENTIFIED ABOVE, PROVIDE ON A SEPARATE SHEET INFORMATION *(as specified for Item 9)* FOR EACH PERSON OR BUSINESS AND STATE THE EXTENT AND MANNER OF THE CONTROL. BUSINESSES SHOULD INCLUDE THEIR EIN.

9. COMPLETE FOR EACH PERSON LISTED IN ITEM 8.

a. FULL GIVEN NAME	b. DATE AND PLACE OF BIRTH	c. SOCIAL SECURITY OR EMPLOYER IDENTIFICATION NUMBER	d. ARE YOU A U.S. CITIZEN? <div style="text-align: right;"><input type="checkbox"/> YES    <input type="checkbox"/> NO</div>
e. <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE		f. OTHER NAMES USED <i>(Maiden name, nicknames, etc)</i>	
g. RESIDENCE(S) OVER THE LAST FIVE YEARS			

a. FULL GIVEN NAME	b. DATE AND PLACE OF BIRTH	c. SOCIAL SECURITY OR EMPLOYER IDENTIFICATION NUMBER	d. ARE YOU A U.S. CITIZEN? <input type="checkbox"/> YES <input type="checkbox"/> NO
e. <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE			
f. OTHER NAMES USED (Maiden name, nicknames, etc.)			
g. RESIDENCE(S) OVER THE LAST FIVE YEARS			

a. FULL GIVEN NAME	b. DATE AND PLACE OF BIRTH	c. SOCIAL SECURITY OR EMPLOYER IDENTIFICATION NUMBER	d. ARE YOU A U.S. CITIZEN? <input type="checkbox"/> YES <input type="checkbox"/> NO
e. <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE			
f. OTHER NAMES USED (Maiden name, nicknames, etc.)			
g. RESIDENCE(S) OVER THE LAST FIVE YEARS			

a. FULL GIVEN NAME	b. DATE AND PLACE OF BIRTH	c. SOCIAL SECURITY OR EMPLOYER IDENTIFICATION NUMBER	d. ARE YOU A U.S. CITIZEN? <input type="checkbox"/> YES <input type="checkbox"/> NO
e. <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE			
f. OTHER NAMES USED (Maiden name, nicknames, etc.)			
g. RESIDENCE(S) OVER THE LAST FIVE YEARS			

a. FULL GIVEN NAME	b. DATE AND PLACE OF BIRTH	c. SOCIAL SECURITY OR EMPLOYER IDENTIFICATION NUMBER	d. ARE YOU A U.S. CITIZEN? <input type="checkbox"/> YES <input type="checkbox"/> NO
e. <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE			
f. OTHER NAMES USED (Maiden name, nicknames, etc.)			
g. RESIDENCE(S) OVER THE LAST FIVE YEARS			

10. HAS THE APPLICANT OR ANY PERSON LISTED FOR ITEMS 8 OR 9 EVER BEEN DENIED A PERMIT, LICENSE OR OTHER AUTHORIZATION TO ENGAGE IN ANY BUSINESS TO MANUFACTURE, DISTRIBUTE, IMPORT, SELL OR USE ALCOHOL PRODUCTS (beverage or nonbeverage) BY ANY GOVERNMENT AGENCY (Federal, State, local or foreign) OR HAD SUCH PERMIT, LICENSE OR OTHER AUTHORIZATION REVOKED, SUSPENDED OR OTHERWISE TERMINATED?  
☐ YES. State details of each event on a separate sheet. ☐ NO
11. HAS THE APPLICANT OR ANY PERSON LISTED FOR ITEMS 8 OR 9 EVER BEEN ARRESTED FOR, CHARGED WITH, OR CONVICTED OF ANY CRIME UNDER FEDERAL, STATE OR FOREIGN LAWS other than traffic violations or convictions that are not felonies under Federal or State law.  
☐ YES. State details of each event on a separate sheet. ☐ NO

**ATF MAY REQUIRE additional information to process this application.** If you are applying for a basic permit to operate a distilled spirits plant or bonded wine premises, you must also file additional forms and information required under the Internal Revenue Code. **OPERATION WITHOUT A PERMIT.** Criminal and administrative actions may be taken against persons engaged in a business listed in Item 6 of this form if it is not conducted pursuant to an FAA Act basic permit.

**APPLICANT'S AFFIRMATION.** Under penalties of perjury, I declare that I have examined this application, including accompanying statements, and to the best of my knowledge and belief, it is true, correct and complete. The applicant will immediately notify the ATF official with whom this application is filed of any change in ownership, management, or control of the applicant (in the case of a corporation, any change in the officers, directors, or persons holding 10 percent or more of the corporate stock). The business for which this application is made does not violate the law of the State in which the business will be conducted. In addition, if this application is approved, the applicant will conduct operations within a reasonable period of time and maintain such operations in conformity with Federal law.

12. APPLICANT'S SIGNATURE (Sole owner, partner, corporate officer, LLC member or manager, or if designated agent, submit ATF F 5000.8)	13. TITLE OF PERSON SIGNING	14. DATE
--	-----------------------------	----------

15. E-MAIL (INTERNET) ADDRESS (optional):

## INSTRUCTIONS

1. **GENERAL.** You must file this application if you want a permit under the Federal Alcohol Administration Act (FAA Act) to engage in the business of:

- Producing or processing distilled spirits or wine includes for nonindustrial use.
- Importing into the United States, or wholesaling, alcoholic beverages.

Nonindustrial use of distilled spirits or wines includes all beverage purposes or uses in preparing foods or drinks. Wholesaling under the FAA Act means purchasing alcoholic beverages for resale at wholesale. The FAA Act defines alcoholic beverages as distilled spirits, wine, or malt beverages including any fermented cereal beverages which have an alcohol content of less than ½ percent.

2. **COMPLETING AND FILING THIS APPLICATION.**

- Please type or print and complete all items
- Write "not applicable" in any item requesting information that does not apply to your business
- Items 8 through 11: If this information is on file with ATF, state "On file under (name and ATF permit or registry number or type of pending application).
- If you need additional room, use a separate sheet.
- If your producing or processing operations will be in Puerto Rico, contact the Chief, Puerto Rico Operations, for additional requirements.
- Send this form in duplicate to the appropriate ATF (Bureau of Alcohol, Tobacco and Firearms) office.

Location of  
Business

Send to:  
ATF

Telephone Number

CA

221 Main Street, 11th Floor  
San Francisco, CA 94105-1931

4157447011

CT, DE, MA, MD, ME, NH,  
NJ, NY, PA, RI, VT

Independence Square West  
Philadelphia, PA 19106-3308

2156972246

PUERTO RICO

Federico Degatau Federal Bldg  
Hato Rey, PR 00918-1746

8097665584

ALL OTHER STATES

550 Main Street  
Cincinnati, OH 45202-3263

800-398-2282

3. **LABEL APPROVALS FOR BOTTLED ALCOHOLIC BEVERAGES.** Bottlers, packagers, and importers should have ATF approved label certificates (ATF F 5100.31). A label approval is required to sell, ship or deliver for sale or shipment, or to otherwise introduce in interstate or foreign commerce, alcoholic beverages. Also, a label approval allows importers to release specific imported alcoholic beverages from Customs' custody. For label approvals contact the Product Compliance Branch, ATF, Washington, DC 20226 (202-927-8140). ATF does not approve certificates until you have the appropriate FAA Act basic permit. You can submit draft labels (for example, mockups) to ATF for review before printing the labels. Trade name approval on your FAA Act basic permit does not constitute approval as a brand name for labeling purposes.

4. **SPECIAL TAX.** If you operate a distilled spirits plant or bonded wine premises or deal in beer, wine or distilled spirits, file ATF F 5630.5, Special Tax Registration and Return, and pay an annual tax. File ATF F 5630.5 and pay this tax when you start selling, or offer for sale, alcoholic beverages. You do not file this form or pay special tax when your business only involves the importation or sale of fermented cereal beverages which have an alcoholic content of less than ½ percent or where your business is only in Puerto Rico.

5. **EMPLOYER IDENTIFICATION NUMBER.** You need to have this number for your business even if you do not have any employees. To obtain an EIN, file Form SS-4 with the Internal Revenue Service.

## PRIVACY ACT INFORMATION

1. **AUTHORITY.** Solicitation of information on ATF F 5100.24 is made pursuant to 27 U.S.C. Section 204(c). Disclosure of this information by the applicant is mandatory if the applicant wishes to obtain a basic permit under the Federal Alcohol Administration Act.
2. **PURPOSES.** To identify the applicant, the location of the premises; and to determine the eligibility of the applicant to obtain a basic permit.
3. **ROUTINE USES.** The information will be used by ATF to make determinations set forth in paragraph 2 above. Where such disclosure is not prohibited, ATF officers may disclose this information to other Federal, State foreign and local law enforcement and regulatory agency personnel to verify information on the application and for enforcement of the laws of such other agency. The information may be disclosed to the Justice Department if the application appears to be false or misleading. ATF officers may disclose the information to individuals to verify information on the application where such disclosure is not prohibited.
4. **EFFECTS OF NOT SUPPLYING INFORMATION REQUESTED.** ATF may delay or deny the issuance of the FAA Act basic permit where information is not complete or missing.
5. **DISCLOSURE OF EMPLOYER IDENTIFICATION NUMBER AND SOCIAL SECURITY NUMBER.** You do not have to supply these numbers. These numbers are used to identify an individual or business. If you do not supply the numbers, your application may be delayed.

## PAPERWORK REDUCTION ACT NOTICE

This request is in accordance with the Paperwork Reduction of 1995. The information collection is used to determine the eligibility of the applicant to engage in certain operations, to determine the location and extent of operations, and to determine whether the operations will be in conformity with Federal laws and regulations. The information requested is required to obtain or retain a benefit and is mandatory by statute (27 U.S.C. 203 and 204 (c)).

The estimated average burden associated with this collection of information is 1 hour and 45 minutes per respondent depending on individual circumstances. Comments concerning the accuracy of this burden estimate and suggestions for reducing this burden should be addressed to Reports Management Officer, Document Services Branch, Bureau of Alcohol, Tobacco and Firearms, Washington, DC 20226.

An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.

FOR ATF USE ONLY			DEPARTMENT OF THE TREASURY BUREAU OF ALCOHOL, TOBACCO AND FIREARMS <b>APPLICATION FOR AND CERTIFICATION/EXEMPTION OF          LABEL/BOTTLE APPROVAL</b> <i>(See Instructions and Paperwork Reduction Act Notice on Back)</i>	
ID				
CT	OR	AP		

**PART I - APPLICATION**

1 VENDOR CODE (Required)		2 SERIAL NUMBER (Required)		7 NAME AND ADDRESS OF APPLICANT AS SHOWN ON PLANT REGISTRY, BASIC PERMIT OR BREWER'S NOTICE (Required)	
		YEAR			
3 BRAND NAME (Required)					
4 CLASS AND TYPE (Required) (Includes wine varietal designation, if applicable)					
5 FANCIFUL NAME (if any)					
6 PLANT REGISTRY/BASIC PERMIT NO./BREWER'S NO (Required)					
8 FORMULA NO (if any)		9 LAB NO/DATE		10 NET CONTENTS	
				11 PHONE NUMBER	
				( )	
12 AGE (Distilled Spirits)		13 ALCOHOL CONTENT		14 VINTAGE (Wine products only, if stated on label)	
				15 FAX NUMBER	
				( )	
16 TYPE OF APPLICATION (Check applicable box)					
a <input type="checkbox"/> CERTIFICATE OF LABEL APPROVAL					
b <input type="checkbox"/> CERTIFICATE OF EXEMPTION FROM LABEL APPROVAL For sale in only* (Fill in State abbreviation)					
c <input type="checkbox"/> DISTINCTIVE LIQUOR BOTTLE APPROVAL TOTAL BOTTLE CAPACITY BEFORE CLOSURE (Fill in amount)					
17 SHOW ANY WORDING (a) APPEARING ON MATERIALS FIRMLY AFFIXED TO THE CONTAINER (e.g. caps, corks, corks, etc.) OTHER THAN THE LABELS AFFIXED BELOW OR (b) EMBOSSED ON THE CONTAINER. THIS WORDING MUST BE NOTED HERE EVEN IF IT DUPLICATES PORTIONS OF THE LABELS AFFIXED BELOW. ALSO PROVIDE TRANSLATIONS OF FOREIGN LANGUAGE TEXT APPEARING ON LABELS					

**PART II - APPLICANT'S CERTIFICATION**

Under the penalties of perjury I declare that all statements appearing on this application are true and correct to the best of my knowledge and belief and that the representations on the labels attached to this form including supplemental documents, truly and correctly represent the content of the containers to which these labels will be applied. I also certify that I have read, understood and complied with the conditions and instructions which appear on the reverse of an original ATF F 5100.31 Certificate/Exemption of Label/Bottle Approval.

18 DATE OF APPLICATION	19 SIGNATURE OF APPLICANT OR AUTHORIZED AGENT	20 TYPE NAME OF APPLICANT OR AUTHORIZED AGENT
------------------------	---	---

**PART III - ATF CERTIFICATE**

This certificate is issued subject to applicable laws, regulations and conditions as set forth on the back of this form

21 DATE ISSUED	22 AUTHORIZED SIGNATURE, BUREAU OF ALCOHOL TOBACCO AND FIREARMS
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**FOR ATF USE ONLY**

QUALIFICATIONS

EXPIRATION DATE (if any)

AFFIX COMPLETE SET OF LABELS BELOW

## I. CONDITIONS

- 1 This certificate is issued for ATF use only. This certificate does not constitute trademark protection.
- 2 This certificate does not relieve any person from liability for violation of the Federal Alcohol Administration Act, the Alcoholic Beverage Labeling Act of 1988, the Federal Food and Drug Administration regulations or rulings. This certificate authorizes use of the labels submitted in conjunction with the application for certificate only where the labels are used in accordance with the provisions of applicable laws and regulations.
- 3 Except as further provided in condition 4 below, this certificate covers the products identified in the application for certificate. It authorizes the removal of these products from production into commerce from the plant where bottled or packed, or from customs duty. This certificate may be used to remove these products only upon the following conditions:
  - a ATF's approval of the trade name of the bottler or importer. **NOTE: Trade name approval does not constitute approval as a brand name for labeling purposes.**
  - b In the case of an Application for Exemption from Label Approval, the exclusive disposition of the product noted on the certificate must be in the state noted in the label. Each container must bear the statement "For Sale in \_\_\_\_\_ State noted in item 1b of \_\_\_\_\_".
- 4 Certification/Exemption of Label/Bottle Approval covers products in containers bearing a set of labels identical to the set affixed to the front of this certificate. It also covers products in containers bearing labels differing in only the following ways from those affixed to this certificate: **IF YOU WISH TO MAKE A CHANGE THAT IS NOT LISTED BELOW, A NEW LABEL APPROVAL IS REQUIRED.**
  - a In shape or proportionate size of labels
  - b In net content statement. However, the Bureau recommends submission of separate applications for containers of 237 ml or less, containers over 237 ml (3, 6, 9, and containers over 3 liters to insure compliance with the Alcoholic Beverage Labeling Act of 1988 (*Government Warning Statement*)).
  - c In name and/or tradename of responsible winery, DSP, brewery or importer provided the name/ tradename has been added to original Basic Permit or Brewer's Notice under which the original label was issued.
  - d In name and/or address of the foreign producer, bottler or shipper if the producer, bottler or shipper is located in the same country originally shown.
  - e In statement of percentage of neutral spirits and name of compound from which produced provided it does not alter the class and type.
  - f In alcohol percentage by volume or distilled spirits unless it alters the class and type.
  - g In period of age stated unless it alters the class and type of the product.
  - h In statement of age and percentage on distilled spirits provided it does not alter the class and type.
  - i In stated vintage date of wine or deletion of vintage year. **NOTE:** A vintage date is deleted no reference to "Vintage" may be made on any label or other material (bags, celloseals, corks, etc.) affixed to the bottle. Vintage dates may NEVER BE ACCEPTEDLY CHANGED OR DELETED.
  - j By adding a statement of net contents to the brand back of the label corresponding to the required statement shown elsewhere on the labels or between the bottle.
  - k In the case of malt beverages, by adding, deleting, or changing the statement of alcoholic content or other statements required by the state in which the beverage is sold.
  - l By adding, deleting, or changing on the brand or back label the name and address or trademark (or both) of the wholesaler, retailer, or persons for whom imported, bottled, or by adding another label stating such information provided that no reference is made to the product or any of its characteristics.
  - m In stated amount of sugar at harvest or residual sugar of wines.
  - n In stated bottling date.
  - o In the case of wines, a change in the alcohol content statement within the prescribed limitation for that class or type of wine and within the same tax and grade.
  - p In stated amount of acid or pH level. One or both may be deleted or raised.
  - q In adding bonded winery number in direct conjunction with the name and address.
  - r In stated percentages for varietal and/or appellation. (Must be in conjunction with item 5).
  - s In stated caloric content for wine or distilled spirits.
  - t In stated average analysis for malt beverages provided that it is in accordance with Industry Circular 80-5.
  - u By adding or changing UPC Code as permitted by Industry Circular 80-23.
  - v By adding, deleting, or changing a website address, phone number, fax number or zip code.

By deleting or changing a prior or batch identification number, the label is void.

For any additional information, please contact the Product Compliance Branch, Bureau of Alcohol, Tobacco and Firearms, Washington, D.C. 20226, at the address noted in Item 1 of the General Instructions.

## II. GENERAL INSTRUCTIONS

- 1 **INSTRUCTIONS:** Applications MUST be printed or typed, signed in ink by a distiller, importer, or brewer, and submitted to the Product Compliance Branch, Bureau of Alcohol, Tobacco and Firearms, Washington, D.C. 20226. Exact copies of ATF F 5100.31 may be used in lieu of an original plan form. If you submit a copy, you do not need to include a copy of the reverse of the form. Although you refer directly to the instructions and conditions contained on the reverse. However, it is suggested that either the ATF F 5100.31 be used whenever possible. A supply of forms may be obtained by contacting the ATF Distribution Center at (703) 455-7801. Applications must generally be filed by the person or corporation who will be the bottler or packer of the distilled spirits, wine, or malt beverages. However, for products to be imported in containers intended for a resale, applications may be filed by the importer. All applications for approval of distilled spirits containers must include photographs of both the front and back of the bottle. **CERTIFICATES OF EXEMPTION ARE NOT ISSUED FOR PRODUCTS IMPORTED IN BOTTLES OR FOR MALT BEVERAGES.**
- 2 **LABELS:** All labels that will appear on the bottle must be firmly affixed to the front with TAPE (DO NOT STAPLE). Printer's proofs and photocopies are acceptable if the labels are in the form of can flats. A photostatic copy is requested. Pen and ink changes, whitening out information, type covers, crossing out information, and/or pasting labels over labels are prohibited. Coverage must be reduced prior to affixing to the application form. Indicate in item 1, "that labels have been reduced and the percentage of reduction. A filled representative sample bottle must accompany each application covering etched-embossed containers or applications with acetate labels affixed.

## III. SPECIFIC INSTRUCTIONS

(TEV)

- 1 If you have not been assigned a vendor code number by ATF, leave this blank. Submit this application form with a copy of your ATF Basic Permit or Brewer's Notice (*New Files*) so that a vendor code number can be assigned to you. Use this number on all future applications.  
  
If you have several vendor codes assigned to your company, use the vendor code issued for the address at which bottling, relabeling or importation will occur.
- 2 You must assign a sequential serial number beginning with the last two digits of the current calendar year to EACH APPLICATION AND ITS DUPLICATE. NOT TO EXCEED 6 CHARACTERS, e.g., 98-1, 98-2, etc.
- 3 A brand name is the name under which the product is sold. If the product is not sold under a brand name, the name of the bottler, packer, or importer becomes the brand name.
- 4 Specify exact designation under the standards of identity in 27 CFR Parts 4, 6, and 7, e.g., Distilled Spirits Specialty, Other Than Standard Wine, Beer, Flavored Malt Beverage, Chardonnay, etc.
- 5 A fanciful name is a name which further identifies the product and is required for some specialty products. It may be used for other products.
- 6 This item will reflect the type of business filing the application: (a) the plant registry number if the applicant is a bottler or packer of distilled spirits or wine, (b) the brewer's notice number if the applicant is a brewer or (c) the importer's basic permit number if the applicant is an importer of distilled spirits, wine or beer. Wholesalers applying to relabel should reflect the wholesaler's basic permit number in this item.
- 7 Indicate your company name and current address exactly as they appear on your Plant Registry, Brewer's Notice or Basic Permit (*include approved DBA or trade name used on label*). A separate mailing address may appear directly under the required name and address in item 7a.
- 7a If item 7a does not pertain to you, use this space to reflect multiple plant locations. Cross out the words "Mailing Address, if different".
- 8 For any domestic wine and distilled spirits product requiring a formula, show the formula number. Attach a copy of the approved formula (*except for vermouth*) with the application for label approval. For domestic products produced under a formula which was not manufactured by the applicant, a copy of the approved formula is requested but a statement giving the name and address of the producer and the formula number may be substituted.  
  
For any domestically produced flavored malt beverage product or any domestically produced malt beverage marketed under any name other than beer, lager, stout, etc., a copy of the approved statement of process or formula is required.  
  
If your product requires a formula or statement of process (SOP), please do not submit your application for label approval until your formula or SOP is approved. We will return any which is submitted without an approved formula or approved SOP when required.
- 9 For any imported products requiring pre-import approval, show the lab number and date of the test. A copy of this letter must be attached to the label application at the time of submission.
- 10 Indicate the size (*net contents*) covered by label(s) affixed to the application. You may submit a range of sizes, if known, at the time of submission of the application.  
  
The recordkeeping requirement for this information collection is 3 years.

## PAPERWORK REDUCTION ACT NOTICE

This request is in accordance with the Paperwork Reduction Act of 1995. This information collected is used to determine whether a label for alcoholic beverages states required information and does not contain any prohibited information or material as required by Federal laws and regulations administered by ATF. The information required is mandatory by statute (27 U.S.C. 205) and is used to obtain a benefit.

The estimated average burden associated with this collection of information is 30 minutes per respondent or recordkeeper, depending on individual circumstances. Comments concerning the accuracy of this burden estimate and suggestions for reducing this burden should be addressed to Reports Management Officer, Document Services Branch, Bureau of Alcohol, Tobacco and Firearms, Washington, DC 20226.

An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.





**DEPARTMENT OF THE TREASURY  
BUREAU OF ALCOHOL, TOBACCO AND FIREARMS  
550 MAIN STREET, ROOM 8002 FEDERAL OFFICE BUILDING  
CINCINNATI, OHIO 45202-3263**

805030

**IMPORTER INFORMATION**

As requested, we are enclosing the necessary forms for your use in applying for an importer's basic permit. A wholesaler's basic permit is not required unless you will be selling alcoholic beverages other than those you plan to import.

The enclosed application on ATF Form 5100.24 should be completed in duplicate in accordance with the instructions on the form and submitted to this office.

If it is signed in Item 12 by an agent of the applicant (someone other than those persons listed in Item 9), a power of attorney must be filed for that agent. We are enclosing ATF Form 5000.8, Power of Attorney, which may be used for this purpose.

**ATF personnel may request additional information from applicants as necessary to verify the application.**

Label approval must be obtained for those products that will be imported. For this purpose, we are enclosing ATF F 5100.31, Application for and Certification/Exemption of Label/Bottle Approval. This form should be sent to:

**Bureau of Alcohol, Tobacco and Firearms  
650 Massachusetts Avenue NW  
Washington, D.C. 20226  
ATTN: Alcohol Labeling & Formulation Division**

On or before the date you commence operations as an importer, you must file ATF Form 5630.5, Special Tax Registration and Return, and pay special tax as a wholesaler. Please note: This return and payment must be sent to:

**Bureau of Alcohol, Tobacco and Firearms  
P.O. Box 371962  
Pittsburgh, PA 15250-7962**

If you begin business after the month of July, the tax is prorated and is computed by multiplying the monthly rate shown in column (b) of the return by the number of months remaining in the tax year, including the month you begin business.

If you do not have an Employer Identification Number, you should apply for one by completing the enclosed Form SS-4 and sending it to the Internal Revenue Service as explained on Page 2 of the general instructions attached to the form.

Please be sure that all necessary items of the application and supporting forms are properly completed. Your failure to properly complete all required forms will result in a delay in the issuance of your permit.

If an individual listed on the application is a citizen of a foreign country, lived in a foreign country for more than two years (after 18 years of age) or has association with a foreign country, please complete the enclosed Interpol Questionnaire.

If the premises to be used for this operation are eligible for the National Register of Historic Places, you should not begin construction or remodeling until you have contacted the State Historic Preservation Officer. Failure to comply with this requirement could delay issuance of your permit. For additional information on this subject, see enclosed instructions.

If you have any questions, please contact this office at 513-684-3337 or 1-800-398-2282.

Enclosures

**WWW.ATF.TREAS.GOV**

**DEPARTMENT OF THE TREASURY  
BUREAU OF ALCOHOL, TOBACCO AND FIREARMS**

**APPLICATION FOR BASIC PERMIT UNDER THE FEDERAL ALCOHOL ADMINISTRATION ACT**

1. FULL NAME AND PREMISES ADDRESS   TELEPHONE NUMBER (     ) State in which organized for Corporations and Limited Liability Companies (LLC):	3. EMPLOYER IDENTIFICATION NUMBER (EIN) <i>(Social Security number is not acceptable)</i>  4. OPERATING NAME (DBA), if any
2. MAILING ADDRESS <i>(If different from premises address)</i>	5. LABELING TRADE NAME(S), if any

6. BUSINESS(ES) TO BE CONDUCTED AT PREMISES ADDRESS *(Check applicable boxes)*

a. <input type="checkbox"/> DISTILLED SPIRITS PLANT <i>(BEVERAGE)</i> <input type="checkbox"/> DISTILLING <input type="checkbox"/> WAREHOUSING AND BOTTLING DISTILLED SPIRITS <input type="checkbox"/> PROCESSING <i>(RECTIFYING)</i> DISTILLED SPIRITS AND WINE  b. <input type="checkbox"/> BONDED WINE PREMISES <input type="checkbox"/> PRODUCING AND BLENDING WINE <input type="checkbox"/> BLENDING WINE	c. <input type="checkbox"/> IMPORTING INTO THE UNITED STATES <input type="checkbox"/> DISTILLED SPIRITS <input type="checkbox"/> WINE <input type="checkbox"/> MALT BEVERAGES  d. <input type="checkbox"/> PURCHASING FOR RESALE AT WHOLESALE <input type="checkbox"/> DISTILLED SPIRITS <input type="checkbox"/> WINE <input type="checkbox"/> MALT BEVERAGES
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or while so engaged, sell, offer, or deliver for sale, contract to sell, or ship in interstate or foreign commerce the alcoholic beverages so distilled produced, rectified, blended or bottled, warehoused and bottled, imported or purchased for resale at wholesale.

7. REASON FOR THE APPLICATION

a. <input type="checkbox"/> NEW BUSINESS Anticipated start date _____  b. <input type="checkbox"/> CHANGE IN CONTROL <i>(Actual or legal)</i> <input type="checkbox"/> Submit Basic Permit(s) with this application. Date of Change _____	c. <input type="checkbox"/> CHANGE IN OWNERSHIP Date of Change _____ Name, address and permit number(s) of predecessor
--	--

8. OWNER INFORMATION *(List sole owner, all general parties, LLC members/managers, corporate officers and directors, and shareholders with more than 10% voting stock. Each listed person must also furnish the information in Item 9.)*

NAME	TITLE	% VOTING STOCK/INTEREST <i>(If applicable)</i>	INVESTMENT IN BUSINESS <i>(Item 6)</i>	SOURCE OF FUNDS INVESTED <i>(savings, loans, gift or specify other)</i>

IF APPLICANT IS ACTUALLY OR LEGALLY CONTROLLED BY PERSONS OR BUSINESSES NOT IDENTIFIED ABOVE, PROVIDE ON A SEPARATE SHEET INFORMATION *(as specified for Item 9)* FOR EACH PERSON OR BUSINESS AND STATE THE EXTENT AND MANNER OF THE CONTROL. BUSINESSES SHOULD INCLUDE THEIR EIN.

9. COMPLETE FOR EACH PERSON LISTED IN ITEM 8.

a. FULL GIVEN NAME	b. DATE AND PLACE OF BIRTH	c. SOCIAL SECURITY OR EMPLOYER IDENTIFICATION NUMBER	d. ARE YOU A U.S. CITIZEN  <input type="checkbox"/> YES <input type="checkbox"/> NO
e. <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE    f. OTHER NAMES USED <i>(Maiden name, nicknames, etc.)</i>			
g. RESIDENCE(S) OVER THE LAST FIVE YEARS			

a. FULL GIVEN NAME	b. DATE AND PLACE OF BIRTH	c. SOCIAL SECURITY OR EMPLOYER IDENTIFICATION NUMBER	d. ARE YOU A U.S. CITIZEN <input type="checkbox"/> YES <input type="checkbox"/> NO
e. <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE			
f. OTHER NAMES USED (Maiden name, nicknames, etc.)			
g. RESIDENCE(S) OVER THE LAST FIVE YEARS			

a. FULL GIVEN NAME	b. DATE AND PLACE OF BIRTH	c. SOCIAL SECURITY OR EMPLOYER IDENTIFICATION NUMBER	d. ARE YOU A U.S. CITIZEN <input type="checkbox"/> YES <input type="checkbox"/> NO
e. <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE			
f. OTHER NAMES USED (Maiden name, nicknames, etc.)			
g. RESIDENCE(S) OVER THE LAST FIVE YEARS			

a. FULL GIVEN NAME	b. DATE AND PLACE OF BIRTH	c. SOCIAL SECURITY OR EMPLOYER IDENTIFICATION NUMBER	d. ARE YOU A U.S. CITIZEN <input type="checkbox"/> YES <input type="checkbox"/> NO
e. <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE			
f. OTHER NAMES USED (Maiden name, nicknames, etc.)			
g. RESIDENCE(S) OVER THE LAST FIVE YEARS			

a. FULL GIVEN NAME	b. DATE AND PLACE OF BIRTH	c. SOCIAL SECURITY OR EMPLOYER IDENTIFICATION NUMBER	d. ARE YOU A U.S. CITIZEN <input type="checkbox"/> YES <input type="checkbox"/> NO
e. <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE			
f. OTHER NAMES USED (Maiden name, nicknames, etc.)			
g. RESIDENCE(S) OVER THE LAST FIVE YEARS			

10. HAS THE APPLICANT OR ANY PERSON LISTED FOR ITEMS 8 OR 9 EVER BEEN DENIED A PERMIT, LICENSE OR OTHER AUTHORIZATION TO ENGAGE IN ANY BUSINESS TO MANUFACTURE, DISTRIBUTE, IMPORT, SELL OR USE ALCOHOL PRODUCTS (beverage or nonbeverage) BY ANY GOVERNMENT AGENCY (Federal, State, local or foreign) OR HAD SUCH PERMIT, LICENSE OR OTHER AUTHORIZATION REVOKED, SUSPENDED OR OTHERWISE TERMINATED?  
☐ YES. State details of each event on a separate sheet. ☐ NO

11. HAS THE APPLICANT OR ANY PERSON LISTED FOR ITEMS 8 OR 9 EVER BEEN ARRESTED FOR, CHARGED WITH, OR CONVICTED OF ANY CRIME UNDER FEDERAL, STATE OR FOREIGN LAWS other than traffic violations or convictions that are not felonies under Federal or State law.  
☐ YES. State details of each event on a separate sheet. ☐ NO

**ATF MAY REQUIRE additional information to process this application.** If you are applying for a basic permit to operate a distilled spirits plant or bonded wine premises, you must also file additional forms and information required under the Internal Revenue Code. **OPERATION WITHOUT A PERMIT.** Criminal and administrative actions may be taken against persons engaged in a business listed in Item 6 of this form if it is not conducted pursuant to an FAA Act basic permit.

**APPLICANT'S AFFIRMATION.** Under penalties of perjury, I declare that I have examined this application, including accompanying statements, and to the best of my knowledge and belief, it is true, correct and complete. The applicant will immediately notify the ATF official with whom this application is filed of any change in ownership, management, or control of the applicant (in the case of a corporation, any change in the officers, directors, or persons holding 10 percent or more of the corporate stock). The business for which this application is made does not violate the law of the State in which the business will be conducted. In addition, if this application is approved, the applicant will conduct operations within a reasonable period of time and maintain such operations in conformity with Federal law.

12. APPLICANT'S SIGNATURE (Sole owner, partner, corporate officer, LLC member or manager, or if designated agent, submit ATF F 5000.8)	13. TITLE OF PERSON SIGNING	14. DATE
15. E-MAIL (INTERNET) ADDRESS (optional):		

